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Program/Department Walk-Through

This procedure provides a description of the program/department walk-through process of the Ames Laboratory, as required by the Ames Laboratory Environment, Safety, Health and Assurance (ESH&A) Manual, Section 10.

1.0 APPROVAL RECORD

- Reviewed by: Document Control Coordinator (Hiliary Burns)
- Approved by: ESH&A Manager (Sean Whalen)
- Approved by: Deputy Director (Tom Lograsso)

The official approval record for this document is maintained in the Training and Documents Office, 105 TASF.

2.0 REVISION/REVIEW INFORMATION

The revision description for this document is available from and maintained by the author.

3.0 PURPOSE AND SCOPE

The Laboratory's policy for the program/department walk-through is documented in Section 10 of the Ames Laboratory Environment, Safety, Health and Assurance (ESH&A) Program Manual as a type of audit/inspection. The program/department walk-through requirement is a part of the Laboratory's feedback and improvement efforts. Feedback and improvement mechanisms are a fundamental part of the Ames Laboratory Integrated Safety Management System (ISMS). The purpose of the program/department walk-through is to look at specific attributes of the organization's spaces and activities, and to identify, describe, and mitigate environmental, safety, health and assurance concerns in a timely and cost effective manner.

The Division/Institute/Program Directors (DD/ID/PD and Department Managers and the respective Safety Coordinator if designated, shall conduct a walk-through at a minimum frequency of once per year (preferably 4-6 months opposite the independent walk-through). This program/department walk-through should not be performed in preparation for the independent walk-through. If a preparation walk-through is desired, then a second walk-through should be performed closer to the scheduled walk-through. The procedure is not intended to produce an administrative burden or place unrealistic expectations on DD/ID/PD, Department Managers or Safety Coordinators. However, the deficiencies identified during this walk-through need to be recorded, analyzed, and resolved.

4.0 PREREQISITE ACTIONS AND REQUIREMENTS

4.1 Training

Safety Coordinators are required to complete the Hazard Identification Training (AL-130) and Safety Coordinator/Safety Representative Training (AL-031). They should have an understanding of the program/department walk-through procedure and the principles of conducting observations. The individuals conducting the walk-through also need to have a basic understanding of the requirements and policies applicable to the organization's activities and facilities.

4.2 Checklist

The Safety Survey Checklist can be used as a guide for reviewing issues addressed by the requirements documented in the ESH&A Program Manual. The checklist is not all-inclusive, rather it is a guide to identify common concerns and promote observations and question asking. The program/department is encouraged to prepare additional checklists to direct the review of specific program/department requirements.

5.0 PERFORMANCE

5.1 Walk-Through Etiquette

Individuals conducting a walk-through should utilize the following observation process guidelines:

- Line Management and employees are put at ease when the observer states that findings and strengths will also be noted.
- Observers will establish rapport and trust when they ask employees and line management for assistance in identifying weaknesses and strengths.
- Observers will communicate to the organization's representatives what they have seen and let them review their notes.
- Observers must ask for assistance from a supervisor or activity user if they do not understand a condition of a process.
- Following the walk-through, the conditions noted during the walk-through should be reviewed and discussed with the Group Leaders. The review should be utilized to discuss and plan appropriate corrective actions.

5.2 Walk-Through Report

The Safety Coordinator may document the identification and the closeout of findings by utilizing the Manager Walk-Through Report Form or other method, which documents the:

- Individual(s) who conducted the walk-through
- Areas reviewed
- Observation(s) as a finding, strength or noteworthy practice rating of a finding
- Person or organization responsible for corrective action and the response
- Date of closeout
- Verification of closeout

6.0 OBSERVATIONS

6.1 Findings

Finding: A Finding is a determination of deficiency pertaining to implementation of a requirement based on a recognized inadequacy or weakness. Findings are categorized as Level 1, Level 2 High Significance, Level 2 Moderate Significance, or Level 3. This categorization is necessary to identify the degree of management formality and rigor required for the correction, tracking to closure, and trending of findings. The following are findings descriptions:

A Level 1 Finding is a deficiency of major significance that warrants a high level of attention on the part of line management. Typically these reflect a gap in addressing requirements or a systemic problem with implementing requirements. If left uncorrected, this level of Finding could negatively impact the Laboratory's mission. Examples of Level 1 Findings include deliberate violations, sabotage, and ignoring permits.

A Level 2 High Significance Finding is one that could cause a severe injury, a serious violation of a safety, health, or an environmental requirement, or a programmatic impact. Examples of Level 2 High Significance Findings include exposure to live electrical parts, use of poisonous gas outside of a fume hood or designated cabinet, not using laser glasses when performing alignments, and improper disposal of hazardous waste. Multiple deficiencies at this level, when of a similar nature, may be combined into a Level 1 Finding.

A Level 2 Moderate Significance Finding is one that could cause moderate injury, a violation of a safety, health, or environmental requirement, or programmatic impact. Examples of Level 2 Moderate Significance Findings include improper use of extension cords, not labeling chemicals, late disposal of hazardous waste, and not maintaining log entries for X-ray machines. Multiple deficiencies at this level, when of a similar nature, may be combined into a Level 2 High Significance Finding.

A Level 3 Finding is an inadequacy in which recognizable improvements in safety, process, performance, or efficiency may be made to already-established practices for meeting a requirement. This level of Finding should also include minor deviations observed during oversight activities that can be promptly corrected and verified as completed. Examples of Level 3 Findings include idle/obsolete equipment being stored in laboratory spaces, not updating chemical inventories, emergency information on door cards not up-to-date, and not stocking safety glasses in visitor bins.

6.2 Strength

A mature process or activity that has consistently demonstrated the ability to meet expectations, or a process or activity that efficiently and effectively facilitates and integrates processes, activities, and resources.

6.3 Noteworthy Practice

A positive observation, based on objective assessment data, or a particular practice, procedure, process, or system considered so unique or innovative enough that other organizations within the Laboratory might find it beneficial. Mere compliance with mandatory requirements is not considered to be a noteworthy practice.

The appropriate walk-through team member must notify ESH&A of all Level 1 and Level 2 High Significance Findings.

7.0 WALK-THROUGH FINDINGS CATEGORIZATIONS

The findings shall be categorized by the 24 listings below:

1. Administrative Controls include program-specific rules/guidelines such as visitors not being escorted.
2. Compressed Gases include compressed air being used for cleaning, broken regulators on gases cylinders, etc.
3. Confined Spaces include aspects such as lack of training, not following entry procedures, etc.
4. Electrical Safety includes all exposure to live electrical voltages (e.g., greater than 50 volts), improper grounding, extension cords being used in a permanent manner, etc.
5. Emergency Planning includes issues such as signage for eyewashes/showers, first aid kits, doors postings, etc.
6. Environmental includes issues such as incomplete labeling of waste, ensuring waste is picked up in timely manner, waste minimization, etc.
7. Fire Safety includes direct fire hazards, missing fire safety equipment, combustible loading, etc.
8. General Safety includes issues such as housekeeping, broken chairs, tripping hazards, etc.
9. Hoisting and Rigging includes overloading hoists or rigging equipment, lack of or overdue training, etc.
11. Industrial Hygiene includes poor laboratory practices, lack of labeling on secondary containers, improper chemical storage, etc.
12. Infrastructure includes broken handrails, loose brick, chipped stair nosing's, etc.
13. Ladder Safety includes delinquent annual inspections, using broken ladders, improper use of a ladder, etc.
14. Laser Safety includes lack of proper eye protection, using the wrong eye protection, improper use of interlocks, training, etc.
15. Lockout/Tagout includes not using standardized equipment, lack of training, improper procedures, etc.
16. Machine Guarding includes equipment which has an exposure to belts and pulleys, gears and sprockets, shafts, pinch points, etc.
17. Personal Protective Equipment includes employees not wearing PPE when exposed to hazards to eyes, hands, feet, head that has not been engineered out or administratively controlled.
18. Procedural includes specific procedures, policies, etc.
19. Property Management includes issues of excess, unused or under-utilized equipment or materials.
20. Radiation Protection includes concerns ionizing or non-ionizing exposure issues.
21. Respiratory Protection includes issues relating to improper storage or respirators, lack of training, or overdue fit testing of respiratory protection. This includes disposable dust masks.

8.0 WALK-THROUGH REPORT DISTRIBUTION

8.1 Safety Coordinators

It is the responsibility of the Safety Coordinator to distribute the completed Program/Department Report to all affected DD/ID/PD and Department Managers and Group Leaders. In addition, at fiscal year-end (September 30th), a report shall be sent to ESH&A, which categorizes the program/department walk-through findings, by percentage, for each category.

8.2 DD/ID/PD, Department Managers and Group Leaders

DD/ID/PD, Department Managers and Group Leaders shall ensure corrective actions are taken to correct identified findings.

8.3 Environment, Safety, Health & Assurance (ESH&A)

The ESH&A Office shall verify closeout of all Level 1 or Level 2 High Significance Findings.

9.0 POST PERFORMANCE ACTIVITY

9.1 Closeout of Walk-Through Findings

It is the responsibility of the **DD/ID/PD** or Department Manager to perform the actions necessary to close out the findings identified during the Program/Department Walk-Through according to the requirements of the significance rating assigned. Conditions observed during the program/department walk-through which require attention such as facilities deficiencies (e.g., electrical wiring, lights, fume hoods, plumbing, etc.), should be communicated to Facilities and Engineering Services or ISU Facilities Planning and Management. The group or program/department responsible for the corrective actions taken to close out the findings shall document the response on the Manager Walk-Through Report or other form. Verification of the closeout shall be performed by the appropriate Safety Coordinator and documented.

The following is the time schedule for closing out findings:

- **Level 1 Finding:** Close out according to a corrective action plan approved by the ESH&A.
- **Level 2 High Significance Finding**: Close out by the end of the first full workday after the findings are identified, or according to a corrective action plan approved by the ESH&A.
- **Level 2 Moderate Significance Finding**: Close out within 30 days of report date or develop a formal Ames Lab Action Plan for close out which must be approved by ESH&A.
- **Level 3 Finding**: Close out as soon as possible, as resources are available.

9.2 Disposition of Records

Walk-through records shall be retained by the program/department responsible for the walk-through in accordance with Disposition Schedule 22, Audit/Investigation Records, for a minimum of ten years.